

ATTACHMENT A

LOCOMOTIVE APPLICATION

All applicants must complete this form.

Please print or type all information on this and any attached applications.

APPLICANT INFORMATION:	
Organization/Company name:	
Contact name:	Business type:
Mailing address:	
Equipment location address (if different):	
Contact phone: ()	Fax: ()
E-mail:	
Geographic area to be served by locomotive:	
Number of locomotives in fleet:	

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

LOCOMOTIVE APPLICATION
WORK STATEMENT/SCHEDULE OF DELIVERABLES
All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- A program schedule, with project milestones and dates clearly identified;
- Provisions for appropriate record-keeping during the life of the funded project. At a minimum, MDAQMD expects to receive the following reports:
 1. Quarterly status reports until the equipment purchase, repower or retrofit has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
 2. An annual report, for the extent of the project life used to determine cost-effectiveness, which provides the annual mileage, ton-miles, fuel consumed, and operational and maintenance issues encountered and how they were resolved. MDAQMD reserves the right to verify the information provided.

**LOCOMOTIVE APPLICATION
REPOWER/RETROFIT INFORMATION**

For each engine that you plan to repower or retrofit, complete and attach one copy of this form.

Please check one:

- ☐ Repowering a locomotive with a new reduced-emission engine (replacement)
☐ Retrofitting a locomotive with a new reduced-emission technology

GENERAL INFORMATION ABOUT CURRENT LOCOMOTIVE	
Fuel type:	
Primary function of locomotive (e.g., short line, switch yard, line haul, or passenger):	
Estimated total annual hours of operation:	Percent within MDAQMD boundaries:
Estimated total annual ton-miles:	Annual diesel gallons used:
Project life (years):	Incentive amount requested:

CURRENT ENGINE	NEW REDUCED-EMISSION ENGINE/RETROFIT
Model year:	Model year:
Engine make:	Engine make:
Engine model number:	Engine model number:
Serial number of engine:	Fuel type:
Horsepower:	Horsepower:
Estimated fuel consumption/rate (gallons/hr):	Estimated fuel consumption/rate (gallons/hr):
Cost of remanufacture w/out control upgrade: \$	Cost of replacement/remanufacture with control upgrade: \$
Baseline NO _x emission level (g/bhp-hr):	Controlled NO _x emission level (g/bhp-hr):
Baseline PM emission level (g/bhp-hr):	Controlled PM emission level (g/bhp-hr)

**LOCOMOTIVE APPLICATION
REPOWER/RETROFIT INFORMATION**

For each engine that you plan to repower or retrofit, complete and attach one copy of this form.

GENERAL INFORMATION ABOUT THE INSTALLER	
REPOWER (replacement) OF ENGINE	
Engine installer:	
Street address:	
Phone: ()	
Contact name:	
RETROFIT TECHNOLOGY	
Retrofit manufacturer:	
Retrofit installer:	
Installer street address:	
Phone: ()	
Contact name:	Retrofit kit number:
Description of retrofit technology:	
MAINTENANCE	
Describe your maintenance facility and practices.	
REFUELING (for alternative fuels only)	
Describe how and where the locomotive will be refueled (e.g. on-site, existing facility, mobile/skid mounted equipment, etc.) Attach written verification of access to refueling.	